SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevado
4
District (if applicable)
331-5731
Telephone Number
, 2001 LAMAI NIGO / LAMAI NIGO /
NO
5.250
50
50
<u> </u>
350
B30
396
TOP
50
12.7
2/6
e report needs to be filed wit
i
m

EL201 003(rev. 04/00)

Total number of pages for this report _____

BrenDAN TRAINER	Washoe	Colom	4
Candidate's Name (print)	Office	District (if appli	icable)

Expenses of \$100 or Less

DATE OF EACH EXPENDITURE	amount of Each expenditure	CATEGORY
10/29	450	ADVETIGING

This page may be copied or duplicated if additional space is needed.

Candidate's Name (print)

Office Office

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	350
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

~ . ~~	~~	
PAGE	OF	

Candidate's Name (print)

Candidate's Name (print)

Candidate's Name (print)

Office

Office

District (if applicable)

Contributions of \$100 or less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION		DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
Det 29	350			
		<u> </u>		
		7		
		- .		
		1		
		1		
		<u></u>		
		1		
		j		
]		

This page may be copied or duplicated if additional space is needed.

DACE	OF	
PAGE	OF	

BrewDAN TRAINOR	WAShoe	Colonn	4	
Candidate's Name (print)	Office		District (if applicable)	_

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK V

This page may be copied or duplicated if additional space is needed.

PAGE ____OF ____

Brewan	TRAINOR	Waghoe	Co Commission 4
Candidate's Name (print))	Office	District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
RECEIVED THE PAYMENT FOR THE EXPENSE(S)			

This page may be copied or duplicated if additional space is needed.

PAGE	OF -	